

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550512

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6		1				
7		1				
8		1				
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10	1					
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	8	↔		↔		↔
TOTAL CLAIMS	11	██████████		██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████		██████████		██████████